

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		8-12-01
O.I.P.E. CLASSIFIER	Aa	73	6/20/01
FORMALITY REVIEW		706	06-06-01
RESPONSE FORMALITY REVIEW	Request	925	03-05-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	4/12
2	✓
3	✓
4	✓
5	N
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	N
19	N
20	N
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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41809  
 3/1/02